

## City of Costa Mesa Building Division PERMIT PROCESSING CENTER SUBMITTAL APPLICATION

Project Address:		Suite/Unit:
Activity Number:	Received By:	
Homeowner Association?	n HOA required)	NO
Existing Chain Link Fence YES NO;	Owner Occupied?	☐ YES ☐ NO
Description of work to be performed: (please be specific)_		
Sq. Footage: Type of Const:	Valuation:	
Occupancy Type: Occupant Load:		
Owner/Tenant:	Phone No.:	
Address:		Suite/Unit:
City:	State:	Zip:
Applicant/Agent:	Phone No.:	
Address:		Suite/Unit:
City:		
Architect/Eng.:	Reg. No.:	Phone No.:
Address:		
City:		
Contractor:	Phone No.:	
Address:		
City:	State:	Zip:
State License No.: Class	Expiration:	
Workman's Comp. Policy No.:	Expiration:	
Insurance Company:		